

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2011 NOV 23 AM 12:00

FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

☐ (Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

PharmAthene Inc Political Action Committee

ADDRESS (number and street)

One Park Place

☐ (Check if address  
is changed)

Suite 450

Annapolis

MD

21401

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address  
is changed)

P1PPAC@PharmAthene.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address  
is changed)

2. DATE

11/09/2011

3. FEC IDENTIFICATION NUMBER

C00472019

4. IS THIS STATEMENT

NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Linda Chang

Signature of Treasurer

*Linda Chang*

Date

11/18/2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)